

Dear Doctor:

You may change your license status (i.e., active or inactive) when you renew your license or anytime between renewal cycles. A licensee requesting a change in status must either renew his/her full license and change his/her status at that time or submit an application form requesting a change in status between renewal cycles.

A licensee requesting inactive status must certify that he/she will not practice medicine in Massachusetts. The “practice of medicine” is defined in the Board's regulations, in part, as the following conduct:

diagnosis, treatment, use of instruments or other devices, or the prescription or administration of drugs for the relief of diseases or adverse physical or mental conditions. A person who holds himself out to the public as a “physician” or “surgeon” or with the initials “M.D.” or “D.O.” in connection with his name, and who also assumes responsibility for another person's physical or mental well-being, is engaged in the practice of medicine.

A licensee with an inactive status: may not write prescriptions, even for his or her family members; is exempt from continuing medical education (CME); is exempt from mandatory malpractice liability insurance requirements (except for “tail” coverage); is required to pay the \$600.00 registration fee and continue to renew biennially; and is subject to all other provisions of the Board's regulations.

A licensee returning to active status must have completed 100 hours of CME Credits, including a minimum of 40 Category 1 CMEs. In addition, a licensee with an active status who is involved in any direct or indirect patient care must obtain professional liability insurance coverage.

In order to change your status between renewal cycles, please complete either the Application for Inactive Status or the Application for Active Status and send it to the Board of Registration in Medicine, 200 Harvard Mill Square, 330, Wakefield, MA 01880.

Thank you.

APPLICATION FOR ACTIVE STATUS

Prior to returning to Active Status, a licensee must have completed **100 hours** of Continuing Medical Education (CME) Credits, including a minimum of **40 Credit Hours of Category 1**, programs, pursuant to 243 CMR 2.06(3)(b) and 243 CMR 2.06(5)(c)(2). In addition, pursuant to 243 CMR 2.07(16), a licensee with an active license status who is involved in any direct or indirect patient care **must** obtain professional liability insurance coverage.

1. NAME: _____
(Print Name)
2. MAILING ADDRESS: _____

(City) (State) (Zip Code)
3. LICENSE REGISTRATION NUMBER: _____
4. HAVE YOU COMPLETED THE CME REQUIREMENTS AS REQUIRED BY 243 CMR 2.06(5):
Check one: ☐ YES ☐ NO
5. PROFESSIONAL LIABILITY INSURANCE:
(a) Name of Carrier _____
(b) Letter of Credit _____ Yes _____ No (If "yes" you must provide documentation)
6. I HAVE NO PROFESSIONAL LIABILITY INSURANCE FOR THE FOLLOWING REASON(S):
☐ I am not involved in any direct or indirect patient care ☐ I am otherwise exempt (please specify below)

7. PLEASE INDICATE THE MOST RECENT DATE THAT YOU PARTICIPATED IN DIRECT PATIENT CARE IN ANY LOCATION:
DATE: _____/_____/_____
8. REASON(S) FOR CHANGE TO ACTIVE STATUS: _____

ENCLOSE A COPY OF A *CURRENT* CURRICULUM VITAE.

APPLICANT'S STATEMENT

I hereby certify under the penalties of perjury that all information on this application is true.

SIGNATURE: _____ DATE: _____